									Application or Docket Number					
	PATENT													
Effective October 1, 2004 / 12/8/4/ 10/650												012	_	
	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
				(Column 1)		(Column 2)		١.	TYPE		OR	SMACL		
TOTAL CLAIMS									RATE		-	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	SEE 395.00	OR	BASIC FEE	790.00		
TOTAL CHARGEABLE CLAIMS				minus 20=		•			×25		OR	x-50		
INDEPENDENT CLAIMS				ninus 3 =		•			x 100		OR	x 200		
MULTIPLE DEPENDENT CLAIM PF				RESENT	•						1		,	
* If the difference in column 1 is I				loce than ze	ero enter	"0" in c)" in column 2 TO				OR	1		
CLAIMS AS AMENDED - PART II										٠ ــــــــــــــــــــــــــــــــــــ	JOR		-	
	С		5 AS A mn 1)	MENDED	PAR) - (Colur		(Column 3)	•	SMALI	LENTITY	OR	OTHER SMALL!		
	1 1/	CU	UUS		HIGH	EST				ADDI-	1		ADD:	
AMENDMENT A	1/26/5	AF	UNING TER DHENT		PREVIO	DUSLY	PRESENT EXTRA		RATE	iional FEE		RATE	TIONAL FEE	
ME	Total	-	9 .	Minus		25	=		× 25		OR	×50.	1.5	
EN	Independent		<u> </u>	Minus	<i>j</i>	3	=				1			
A	FIRST PRESENTATION OF MI			JLTIPLE DEI	PENDENT	CLAIM			×100	4	OR	X200		
									+180		OR	+360		
1	()								ATOT FE, TICCIA	-1	OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLASMS HIGHEST														
1T B		REMA	UNING		. NUM	BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
: 		AFTER PREVIOUSLY EXTRA PARTITION								FEE			FEE	
Ď.	Total	-48		Minus	- 10	<u>}</u>			x 25	<u>.</u>	on	x50.		
independal Minus									× 100) _i	OR	4200		
FIRST PRESENTATION OF MULTIPLE CEPENDENT CLAIM										}	OR	+360		
								ı	+180	L]	OR	TOTAL		
ADDIT, FEEOH ADDIT, FEE														
CLASS INGRES!										[ADDI-			F2. 01	
TC		AFTER PREVI		PREVIC	DUSLY EXTRA			RATE	TIONAL		RATE	TIONAL		
ME	Total	AMEN	DMENT	Minus .	PAID	FOR .	<u>.</u> :	†		FEE	-	v.60	.FEE	
AMENDMENT	Total Independent	-		Minus			=	{	×25		OR	×50		
Y		NTATIO	N OF ML	ILTIPLE DEPENDENT		CLAIM		1.	×. 100) · · ·	OR	X200		
ـــا					•			•	+ 180		OR	+360		
•	if the entry in column is the Highest Ru	mber Pres	riousty Fa	id For IN THE	S SPACE E	less tha	n 20. enter 70.	٠ .	NOTA		ori	TOTAL ADDIT, FEE		
"It the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20." ADDIT, FEE														

FORH PTO-FTS (Pingalation)

Palest and Transpart Other, U.S. DEPARTMENT OF OCCUPATION